Guidelines to good health for adults

Below is a chart of screenings and vaccinations recommended for adults. Your doctor may have other recommendations depending on your medical history, lifestyle and where you live.

Men and women

Important screenings and exams	Age	How often	Completed?
Health exam (includes height and weight assessment, body mass index evaluation; review of medical and family history; personalized health advice, education and counseling)	18 – 65 years and older	Once a year	
Blood pressure screening	18 years and older	Every 2 years if blood pressure is at or less than 120/80	
		More frequently if diagnosed with high blood pressure — talk with your doctor	
Prediabetes and Type 2 diabetes screening	35 – 70 years	Overweight and obese adults ages 35 – 70 should be screened	
Lung cancer screening	50 – 80 years	Every year if at high risk	



Confidence comes with every card.®

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

Important screenings and exams	Age	How often	Completed?
Colorectal cancer screening	18 – 45 years	If at high risk, ask your doctor	
	45 – 75 years	Yearly stool-based test OR Stool- and DNA-based test every 3 years OR Sigmoidoscopy every 5 years OR Colonoscopy every 10 years	
	76 – 85 years	Ask your doctor	
Glaucoma screening	40 years and older	lf at high risk, every 1 to 2 years	
HIV screening	13 – 64 years	At least once, and then every year after if at high risk	
Chlamydia screening	Women 24 years and younger	Every year if sexually active	
		Pregnant people should be screened	
	Women 25 years and older	Every year if at high risk	
		Pregnant people at high risk should be screened	
	Men	Talk with your doctor	
Cholesterol and lipid screening	18 years and older	Every 4 to 6 years; more often with risk factors	

Men

Important screenings and exams	Age	How often	Completed?
Prostate cancer (prostate-specific antigen test)	55 – 69 years	Talk with your doctor	
	70 years and older	Should not be screened	

Women

Important screenings and exams	Age	How often	Completed?
Osteoporosis screening	50 – 64 years	Screening may be needed for women at high risk	
	65 years and older	Test and talk with your doctor	
Mammogram	40 – 49 years	Ask your doctor	
	50 – 74 years	Every 2 years	
Cervical cancer/Pap test screening	21 – 29 years	Every 3 years	
	30 – 65 years	Every 5 years with HPV test	
	65 years and older	Ask your doctor	
Pregnancy (prenatal visits)	Childbearing	Weeks 4 – 27: Monthly Weeks 28 – 35: Every 2 weeks Week 36 to birth: Weekly More frequently for high-risk pregnancies	

Vaccinations for men and women

Important vaccinations	Age	How often	Completed?
HPV (human papillomavirus)	19 – 26 years	2 or 3 doses depending on age at initiation	
	Some adults ages 27 – 45 years upon discussion with doctor	2 or 3 doses depending on age at initiation	
Flu	19 years and older	Every year	

Important vaccinations	Age	How often	Completed?
COVID-19	19 years and older	2- or 3-dose primary series, depending on vaccine brand; booster as advised	
MMR	19 – 64 years	1 – 2 doses if needed	
Varicella (chickenpox)	19 years and older	2 doses if needed	
Hepatitis A (HepA)	19 years and older	If at high risk, 2, 3 or 4 doses depending on vaccine	
Meningococcal A, C, W, Y (MenACWY)	19 years and older	If at high risk, 1 or 2 doses; booster doses if needed	
Meningococcal B (MenB)	19 – 23 years	Ask your doctor	
	24 years and older	If at high risk, 2 or 3 doses depending on vaccine and risk; booster doses if needed	
Hepatitis B (HepB)	19 – 59 years	2, 3 or 4 doses depending on vaccine	
	60 years and older	Talk with your doctor	
Pneumococcal (PCV13, PCV15, PCV20)	19 – 64 years	lf at high risk	
	65 years and older	1 or 2 doses depending on vaccine and vaccination history	
Zoster recombinant (RZV, Shingrix)	19 – 49 years	Ask your doctor	
	50 years and older	2 doses	
Hib (Haemophilus influenzae type b)	19 years and older	1 or 3 doses depending on risk factor	

This grid is based on trusted primary sources in U.S. health care: Centers for Disease Control and Prevention, National Institutes of Health, U.S. Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services and U.S. Preventive Services Task Force. Talk with your doctor if you have questions about anything listed in this grid.



Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**). If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- Blue Cross Complete of Michigan Member Grievances
 P.O. Box 41789
 North Charleston, SC 29423
 1-800-228-8554
 (TDD/TTY: 1-888-987-5832)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at

ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019 (TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

(Continued on back)

mibluecrosscomplete.com

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554** (TTY: 1-888-987-5832).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 8554-228-880-1 (TTY: 1-888-987-5832).

Chinese Mandarin: 注意:如果您说中文普通话/国语,我们可为您提供免费语言援助服务。请致电:1-800-228-8554 (TTY:1-888-987-5832)。

Chinese Cantonese:注意:如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-800-228-8554 (TTY: 1-888-987-5832)。

Syriac:

مەنتىكە: سى بىلەن چى بەھاھىلەن لىغىكە بىلەنەتىكە، تىرىلەن تىلىلەن يىلىلىلەر بىلىنىكە تىلىتىكە تىكىلىلا. مەن خل ھىتىكە 1-800-228-8554 (TTY: 1-888-987-5832)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554** (TTY: **1-888-987-5832**).

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

BCC.DISC002.20171127 COM-11REV101116 Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-228-8554 (TTY: 1-888-987-5832) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃথরচায় ভাষা সহায়তা পেতে পারেন। 1-800-228-8554 (TTY: 1-888-987-5832) নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554** (**TTY: 1-888-987-5832**).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項:日本語を話される場合、 無料の通訳サービスをご利用いただけます。 1-800-228-8554 (TTY: 1-888-987-5832) まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (**TTY: 1-888-987-5832**).

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-228-8554 (TTY: 1-888-987-5832).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554** (**TTY: 1-888-987-5832**).

